

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**107542413**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8	↓	2	↓		↓
TOTAL DEP.	27	↔	14	↔		↔
TOTAL CLAIMS	35	[QR]	16	[QR]		[QR]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.		↓				↓
TOTAL DEP.		↔				↔
TOTAL CLAIMS		[QR]		[QR]		[QR]